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CONFIRMATION NO. 5571

Bib Data Sheet

SERIAL NUMBER 10/655,532	FILING DATE 09/04/2003 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. SABRA.001CP1
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APPLICANTS

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**** CONTINUING DATA *******
 This application is a CIP of 10/444,234 05/23/2003

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 11/28/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 25	TOTAL CLAIMS 47	INDEPENDENT CLAIMS 7
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35 USC 119 (a-d) conditions met
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged
 Examiner's Signature: [Signature] Initials: [Initials]

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TITLE
 Devices and methods for treatment of stenotic regions

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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